31.2% and 6.3%, respectively. No resistance to carbapenem was reported. Two cases of E. coli had extended-spectrum β-lactamase activity.
Conclusion: E. coli appears to be the most common cause of sepsis post prostate biopsy. An intravenous tazocin or carbapenem-based therapy seems to provide satisfying antimicrobial cover.

0264: MULTIMODAL SEQUENTIAL TREATMENT OF SMALL RENAL MASSES WITH ARTERIAL EMBOLISATION AND RADIOFREQUENCY ABLATION

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Aim: Radiofrequency ablation (RFA) is a treatment option for small renal masses (SRMs) in patients unsuitable for radical therapy. Recognised complications are residual tumour, recurrence and haemorrhage. Sequential combination therapy with arterial embolisation and RFA can potentially reduce these complications. We assessed the initial results of this treatment in our centre.
Methods: Data was collected retrospectively on patients undergoing embolization and RFA between 2009-2012 including co-morbidities, tumour characteristics and renal function pre and post treatment. Mean follow-u period was 25.9 months. Effect of treatment was assessed on follow-up imaging at 1 month and subsequent defined intervals.
Results: 16 patients were identified with a mean age of 64 (Range 47-76) and mean Charlson co-morbidity index of 5(Range 2-9). All patients had solitary non-metastatic tumours with maximal tumour diameter ranging from 1.5-5cm. Two patients had solitary kidneys due to previous RCC.
Mean creatinine was 101umol/L(Range 64-203) pre-procedure and 113(Range 64-269) post-procedure (p=0.174). 6/16(38%) patients had a deterioration in eGFR.
3/16(18.7%) patients required salvage RFA. One patient required two salvage treatments and one underwent laparoscopic nephrectomy for tumour enlargement. No disease related deaths were recorded.
Conclusion: Our study suggests that treatment of SRMs with sequential embolization and RFA is both safe and efficacious.

0346: ADULT MALE CIRCUMCISION UNDER LOCAL ANAESTHETIC: AN UNDER-UTILISED BUT SAFE AND EFFECTIVE ALTERNATIVE

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Aim: In the United Kingdom over 30,000 circumcisions take place per year, traditionally performed under General Anaesthetic (GA). Local Anaesthetic (LA) has been shown in literature to be a safe alternative with excellent analgesic outcomes.
Methods: A prospective audit over 18 months identified 26 patients as suitable and willing candidates to undergo LA circumcision. Patients were asked to record their pain score via a Visual Analogue score chart (VAS) both during and 90 minutes post-procedure, 0 = no pain, 10 = worst pain. LA used was 10mls of 1% lidocaine + 10mls of 0.5% bupivacaine as routine, with 1% lidocaine used as top-up if required.
Results: No patients suffered procedural complications. The mean age was 64.9 years: 42.5% of patients were ASA-3, 46.2% ASA-2 and 11.5% ASA-1. Only 26.9% needed Top-up LA. 73% of patients had an intraoperative VAS score of 0. All patients were pain-free post-operatively.
Conclusion: LA circumcision is a safe and effective alternative to GA circumcision in adult males, with excellent analgesic profile both intra-operatively and post-procedure. Avoidance of a GA has multiple benefits for both the patient and surgical institution.

0417: BLADDER CANCER-TUMOR BANK: THE CORNERSTONE OF NATIONAL AND INTERNATIONAL BASIC RESEARCH IN BLADDER CANCER

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Aim: Tumor banks have the primary responsibility for collecting, cataloging, storing and disseminating samples of tissues, cells and fluids, which are used by researchers to identify diagnostic molecular markers, prognostic indicators and therapeutic targets. Our aim was to describe a simple, reliable and reproducible protocol for obtaining and storing samples of bladder cancer tumors.
Methods: Bladder cancer tumor tissues were obtained by the surgeons after endoscopic resection or after radical cystectomy. The obtained surgical specimens were immediately placed in liquid nitrogen, and then stored by cryopreservation (-80°C). A nother fragment was fixed in 10% formalin. For each patient, urine sample, blood sample, and serum sample were obtained and preserved for future research.Complete clinical data regarding the patient history, investigations, operative details and follow up details were recorded.
Results: We have till now 300 bladder cancer samples cryopreserved. For each patient, complete data sheet, pathology block, slide containing tumor print, 5-6 +ve charged unstained slides, and H/E stained slides representing the pathological features of the tumour including the histo pathological subtype ,stage, grade , and micro vascular invasion.
Conclusion: This protocol provides an important tool facilitating methods of diagnosis and treatment of bladder cancer. National and international multi centre research protocols for this field are encouraged.

0421: ANTICOAGULANTS & HAEMATURIA: THE CLINICAL AND ECONOMIC BURDEN OF ANTICOAGULANTS ON EMERGENCY UROLOGY ADMISSIONS

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Aim: Anticoagulant prescriptions are rising with new medications increasingly popular. This study focusses on the urological side effects of anticoagulants. Our aims were to determine: the prevalence of emergency haematuria admissions, which anticoagulants are prescribed in these patients, what inpatient management is required, and the economic cost of such admissions.
Methods: This was a retrospective study examining all emergency admissions at one urology centre over a ten month period. Digital records were examined for patients' medications, operation records and investigations performed. Cost analysis was performed in discussion with the base hospital.
Results: 106 patients produced 138 total emergency admissions with haematuria. 60 patients were taking ≥1 anticoagulant. Aspirin, clopidogrel and warfarin were the most common anticoagulants prescribed. 64.4% of admissions required bladder irrigation and 63% required flexible cystoscopy. 11 patients required emergency surgery. The cost of these admissions to the hospital was over £90,000.
Conclusion: This study showed that the majority of haematuria admissions were associated with anticoagulant use. 'Traditional' anticoagulants were the most commonly used; however, newer anticoagulants such as rivaroxaban were associated with longer inpatient stays, likely due to their irreversibility. Previous research suggests up to one third of anticoagulant prescriptions are inappropriate, which offers significant potential savings.

0421: TOTAL PELVIC EXENTERATION FOR LOCALLY ADVANCED (T4) BLADDER CANCER: A SINGLE CENTRE EXPERIENCE

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Aim: Total pelvic exenteration is an effective procedure in colorectal and gynaecological malignancies, but its role in advanced bladder cancer is not well documented. Our aim was to review surgical outcomes of all patients following total pelvic exenteration at our institute.
Methods: A retrospective review of all patients who underwent total pelvic exenteration for bladder malignancy between 1992-2014 was performed. Data on patient demographics, staging, surgical complications, postoperative histology, follow up and survival rates were collected.
Results: A total of 11 patients were included in the study with a median age of 68 years. 9 procedures were carried out for locally advanced primary carcinoma and 2 for recurrent disease. Clear resection margins were achieved in 6 (54.5%) patients. 4 patients developed significant post-operative complications and median length of hospital stay was 18 days. No deaths were reported within 90 days of surgery. Median survival was 11 months and 5 year survival rate was 18%.